

ATTACHMENT A

SECTION I - SCOPE OF WORK

1. PURPOSE AND SCOPE

The purpose of this task order is to strengthen policies and policy-related capacities that will in turn improve health sector performance in the context of government decentralization. This will be accomplished by providing expert technical support and training to public sector institutions and to civil society organizations. The work will be carried out in Peru at the national (central) level and in targeted regions and municipalities. The task order will focus on policy, regulation, and management in these key areas: (1) *human resources*; (2) *pharmaceuticals and contraceptives*; (3) *health care service quality*; and (4) *health information*. In addition, this task order will develop (5) *policy-making capacity and regulatory know-how related to the content of the preceding four areas*.

The design of this task order reflects the USAID/Peru Health Program's central emphasis: supporting policies and systems in the health sector that will lead to real improvements in health status for the poor and near-poor population of Peru. This is not a program to provide humanitarian assistance, but one that seeks to mobilize Peru's own considerable human and financial resources to move the health sector toward being equitable, effective, efficient, and one with adequate domestic financial support.

The work performed under this task order will contribute to the achievement of the Investing in People Objective in U.S. Foreign Assistance Framework, under the Health Area, and the specific elements of Reproductive Health/Family Planning (RH/FP) and the Maternal-Child Health (MCH). The task order will be financed with USAID earmarked Population and Maternal-Child Health funds. This task order will be a major element in USAID/Peru's strategy for phasing out population funding, planned for implementation through FY 2012, and it will complement other USAID/Peru activities related to MCH.

The task order is designed for one year period of performance that can be expanded and replicated to maximize the results anticipated in year one over a 5-year ultimate implementation period. Therefore, this Scope and Statement of Work is structured as an initial base contract period of performance for one year, plus four option years. It is understood that all activities and results identified in this Scope of Work apply for the one-year base period only. At the end of the base period of performance, based on continuing need, satisfactory completion of the goals set forth herein, availability of funds, and other approvals, the option years may be unilaterally exercised by USAID on an annual basis to replicate the achievements and results identified below.

2. BACKGROUND

Development Context: Peru is a lower-middle income country where nearly 50% of the population of 28 million remains poor despite several years of strong economic growth. Poverty and extreme poverty is highest among indigenous groups. The severe and enduring nature of the socioeconomic disparities in Peru fuels dissatisfaction with the state, its institutions, and political leaders, posing the major threat to Peru's political stability.

Peru's challenging terrain, especially in the jungle and the Andes mountain range, coupled with poorly developed communication and transportation systems, has contributed to the problem of low state presence and poor quality government services in many areas. Compounding these practical challenges to reducing inequities, Peru has a long history of cultural and economic discrimination against indigenous peoples.

Under the Foreign Assistance Framework issued by the U.S. Department of State in 2006, Peru is classified as a "developing" country. Assuming current economic trends continue, Peru is likely to be promoted to "transforming" country status in the medium term. According to wide consensus, the greatest obstacles to Peru's progress are serious and chronic weaknesses in public institutions and inadequate political will to correct fundamental problems in governance and services -- rather than an absolute lack of resources. These are profoundly challenging obstacles from a development point of view. To help Peru address still-critical issues on its development agenda, USAID's assistance program in Peru is aimed at reducing poverty through broad-based economic growth, modernizing key institutions, improving state-run services, and strengthening civil society.

In addition to working at the national level, USAID/Peru concentrates its field presence in a seven-region area<sup>1</sup> where coca is grown for cocaine, and narco-trafficking activities are prevalent. USAID's multi-sectoral Alternative Development strategy includes activities in economic growth, democracy and governance, basic education, and environmental protection as well as health.

Peru is expected to begin a Millennium Challenge Corporation (MCC) Threshold Program in 2008 focused on reducing government corruption and boosting childhood immunization rates, aiming to qualify for an MCC Compact grant by the end of the decade.

### Health Context

Peru's aggregate national indicators show major advances since the 1980s in prenatal care, skilled attendance at birth, reduction of maternal, infant, and under-5 mortality, Total Fertility Rate (TFR), and Contraceptive Prevalence Rate (CPR). Yet, for each of these indicators, large gaps persist between upper and lower income groups, owing to vast disparities in standard of living, access to health care services, and the quality of services provided. Poor indigenous groups, in particular, continue to have high unmet need for basic health services, and are the most difficult to reach. For instance, use of modern contraceptives in urban areas according to 2004/06 DHS estimates was 53%, but in rural areas was only 38%, with an unsatisfied need for contraceptives of more than 11% in rural areas. A chronic childhood malnutrition rate of 30% has remained unchanged for over a decade, mostly among children in rural areas. Serious childhood illness goes untreated in many areas. Weak public health programs allow persisting widespread ignorance of the role of clean water, hand washing, sanitation, basic nutrition, and non-violent family relationships for child health.

In general, the quality of state-provided health and education services is very low in Peru, and the quality of professional practice among health care providers varies greatly. The public Ministry of Health (MOH) system, which provides health services to almost 70% of the population, remains weak as a result of many factors, such as: extreme centralization of health sector resources in Lima that leads to inefficiencies and poor responsiveness to needs in the

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<sup>1</sup> Ayacucho, Cusco, Huanuco, Junin, Pasco, San Martin, and Ucayali.

rest of the country; frequent changes in staffing, both in management and clinical cadres; upper management in the MOH that is highly vulnerable to political changes and squabbles; inadequate information systems for epidemiological surveillance, clinical, and management functions; a fledgling logistics system, and highly inefficient government procurement system; inadequate training and supervision for both clinicians and managers; low capacity to enforce quality clinical norms and standards; and, overall, weak execution of the MOH rector role.

Today, major transformations are underway simultaneously on three fronts in Peru's health sector: (1) continued implementation of an integrated (rather than vertical) approach to organizing and delivering health care services that was begun in 2002; (2) decentralization of management and budgeting to the regional and municipal levels under a government-wide decentralization mandate; and (3) a recent upsurge in political support for expansion of health insurance mechanisms, especially for the poor. These sea-changes make the sector very dynamic and present many opportunities for system strengthening.

Health system decentralization is actively moving forward to complete transference of most service functions to the regional level by December 2007. Maternal and perinatal services, family planning, reproductive health and child services are priorities for regional and local health planning and budgeting. Core functions will remain centralized in the Ministry, including the setting of national policy, setting regulations for the health sector, long-term planning, epidemiological surveillance, and international coordination.

Decentralization has the potential to improve the responsiveness of health services to local needs and to increase public support for health and family planning services through community mobilization – but it also involves real risk that service provision will fail where receiving units are inadequately prepared to assume new functions. Besides preparing regional and municipal staff for the decentralization process, more effective execution of the rector role by the central MOH will also be crucial to the success of the decentralization process.

### 3. CURRENT USAID EFFORTS

#### USAID/Peru's Health Program: Overview

USAID/Peru works in the following Congressionally-mandated areas: *family planning and reproductive health; maternal and child health; tuberculosis, other public health threats, and HIV/AIDS*. The Mission's health strategy is designed to prepare Peru for graduation from USAID support in the medium term by partnering with host country institutions to strengthen the critical health systems and capacities shown in Table 2, below. These systems must function well in order that quality clinical services and public health programs are accessible to Peru's poor and near-poor population – which is the overriding objective of USAID's Health Program. USAID/Peru's current Health Program is represented in condensed form as the following matrix:

**Table 1. USAID/Peru Health Program Matrix**

			PROGRAMMING AREAS			
		MAJOR HEALTH SYSTEMS & CAPACITIES TO BE STRENGTHENED	Maternal Child Health	Reproductive Health / Family Planning	Infectious Diseases	HIV/AIDS
Decentralization & Strengthening MOH Rector Role	1	HUMAN RESOURCES (capacity, supervision, management and organization)	<i>USAID's Health Program collaborates with the Peruvian Government, civil society organizations (including NGOs, universities, professional organizations, political parties), private firms, and other international donors on the systems and capacities listed in the left column. This work is designed to make significant and sustainable changes that will yield improved health outcomes, especially in the four mandated domains above. Support for effective decentralization of the health sector cross-cuts all Health Program activities. Evaluation of the impact of work done under the Health Program is gauged both in terms of system performance indicators (e.g. reduced stock-outs of contraceptives), and in terms of health outcome indicators (e.g. increased percentage of births with healthy outcomes for mother and infant.) A more detailed version of this matrix is in development and will specify indicators for each of the 32 cells in the matrix.</i>			
	2	DATA & INFORMATION SYSTEMS (epidemiological, clinical and administrative)				
	3	PHARMACEUTICAL REGULATION & LOGISTICS (including contraceptive security)				
	4	SERVICE QUALITY IMPROVEMENT (including enforcement of MOH standards)				
	5	HEALTH PROMOTION & BEHAVIOR CHANGE				
	6	FINANCING/ BUDGETING(Public Sector; and individual insurance)				
	7	MANAGEMENT AND ADMINISTRATION (Public Sector)				
	8	POLICY MAKING & REGULATORY CAPACITY (including civil society participation)				

### Current & Recent Health Program Efforts

**HUMAN RESOURCES:** USAID is working with universities, professional training institutions, professional organizations, and hospitals to institutionalize pre- and in-service training systems for accreditation of health training institutions and for periodic certification of doctors, nurses, and midwives. USAID is also working with authorities at the national and sub-national level to institute, fund, and implement policies and systems for management, supervision, and training of health system personnel. USAID advocates a “continuous quality improvement” approach to Human Resources (HR) management.

**DATA & INFORMATION SYSTEMS:** USAID funds Peru's Continuous Demographic Survey (CDHS), and provides ongoing technical assistance to the National Institute of Statistics and Information (INEI). Preliminary work has been done to support selected regional and municipal governments to upgrade their routine information systems for epidemiological, health care services, and administrative data.

**PHARMACEUTICAL REGULATION & LOGISTICS:** USAID continues to support the development and modification of the SISMED national logistics system for medication and contraceptive distribution in the public health sector. USAID has recently funded: technical assistance for a major national procurement of medications; analysis of key weaknesses in regulation of Peru's pharmaceutical sector; and analysis of pending legislation, including stakeholder perspectives on reform Peru's drug regulatory agency, DIGEMID.

**SERVICE QUALITY IMPROVEMENT:** USAID has been a main sponsor of efforts to develop and enact a law setting explicit quality standards for each type of health facility in the public system: posts, centers, and hospitals (by level of complexity.) Continuous quality improvement approaches are being used by USAID partners to help apply the standards for facilities and for human resources management. USAID continues to support upgrading of family planning and reproductive health services in particular, and monitoring for compliance with a range of MOH norms.

**COMMUNITY HEALTH PROMOTION & BEHAVIOR CHANGE:** Community-organizing for behavior change and improved public health is underway in 557 communities in the Mission's 7-region focus area, in coordination with USAID's Alternative Development Program. This community health program focuses on promoting healthy behaviors including: use of safe water; hand washing and sanitation; improved nutrition for young children; and, appropriate use of reproductive, peri-natal, and child health services.

**FINANCING:** USAID provides assistance related to public health system financing and budgeting. This includes work in the following areas: analysis of health sector accounts; advocacy for increased funding to meet basic health care needs in the public health sector; and, identifying health sector budget priorities through participatory processes. USAID is also providing technical assistance to the Seguro Integral de Salud (SIS) for expanding health insurance coverage to the poor, and guaranteeing the integrity of that system. Insurance can be highly effective in increasing the appropriate use of health care services and protecting people from impoverishment related to or exacerbated by illness or injury. USAID is supporting analytical work related to: estimating the burden of disease; developing provider reimbursement mechanisms; "incentivizing" provision of high quality of care; and developing sustainable financing approaches.

**MANAGEMENT AND ADMINISTRATION:** USAID continues to support planning and training to prepare health system managers for decentralization, and execution of the health authority's rector role.

**POLICY MAKING & REGULATORY CAPACITY:** USAID is providing technical assistance to lawmakers, ministry, regional, and municipal authorities, and NGOs in advancing key policy improvements in the lines of work listed above. USAID also works with political parties to develop informed leadership in these areas.

#### **4. STATEMENT OF WORK**

The Contractor shall work in five of the eight areas listed above in the Health Program Matrix listed in Table 1. These five "areas" or "lines of work" are described below. The Contractor shall work to advance policies and build policy-making capacity in each area, in order to improve indicators specific to those areas and health indicators related both to reproductive health and family planning and to maternal-child health on an annual basis. The Contractor shall use lessons learned in Peru and internationally and shall also seek creative and new ideas for addressing barriers to both policy adoption and implementation. The Contractor shall incorporate gender and cultural considerations and activities to reduce stigma and discrimination in the implementation of this task order, to promote gender and cultural equity

and increase access to services. Health communications strategies will be developed as appropriate to support the objectives of the activity.

The work done under this task order will focus on the national (central) level and on selected regions and municipalities in the USAID focus area.

The following describes the work to be performed under each of the five lines of this activity.

- (1) HUMAN RESOURCES:** The objective of this line of the activity is to strengthen the policy and regulatory framework for human resources in the public health sector, and its application in practice. This will include: (a) advancing the enforcement of rigorous standards for clinical and public health practice to boost the quality of care provided to patients; (b) improving systems for the supervision and management of human resources in the public sector; (c) supporting dialogue regarding fundamental sector-wide reforms in human resource policy.

Through this line of the activity, the Contractor will continue the USAID/Peru Health Program's efforts to build and sustain accreditation and periodic certification systems for health professionals through pre- and in-service training, aiming for it to be fully institutionalized within the health care sector (MOH, universities, and professional associations.)

"Continuous Quality Improvement" is the Health Program's preferred approach to upgrading clinical practice in health care facilities. This approach is intended to integrate into the public health sector's own systems sufficient capacity for conducting their own assessments of service quality (across many indicators, including clinician practice standards), and intervening effectively to meet the MOH's own quality guidelines. This approach is aimed at empowering the individuals working in any MOH facility by giving them an understanding of the quality levels expected, the methods for reaching them, and structuring incentives for doing so.

Existing civil service laws generate numerous problems and disincentives to creating competent, dedicated, stable health staff in the public sector. Continual rotation of health personnel remains a serious weakness in the Peruvian health system that exacerbates all other weaknesses. The Contractor will support ongoing policy dialogue to identify options for improving human resources policies and systems in the public sector.

- (2) DATA & INFORMATION SYSTEMS:** The objective of this line of the activity is to strengthen the capacity of the government and other stakeholders to collect, analyze, and use data to inform decision-making processes in the health sector. This will include: (a) working with the MOH to develop a set of recommendations for revamping the Ministry's routine health information systems, especially those producing data related to RH/FP and MCH; (b) to identify key needs for training, assistance, and policy modification related to information management at the central and sub-national levels of the public health sector; (c) to collaborate with USAID to plan for increased host country involvement in periodic household surveys on health; (d) to monitor health sector information integrity in the context of decentralization.

- (3) **PHARMACEUTICAL MANAGEMENT & LOGISTICS:** The objective of this line of the activity is to strengthen Peru's policy and regulatory framework governing pharmaceuticals in order to improve access to essential drugs and contraceptives and to protect the public from ineffective and unsafe drugs, inappropriate prescribing, fraud, and excessive costs. This will include the following: (a) elaborating a 4-year strategy for USAID's policy work related to procurement, logistics, information management, and regulation of medications and contraceptives and vaccines; (b) coordinating with the Millennium Challenge Corporation Threshold Program (if approved) to address vaccine management issues; (c) ongoing policy dialogue with legislators and MOH, DIGEMID, and others to advance effective reforms in this arena.
- (4) **SERVICE QUALITY IMPROVEMENT:** The objective of this line of the activity is to help Peru address key impediments to improving the quality of services delivered to patients in the public health care system, especially services related to FP/RH and MCH. This will include: (a) advancing application of Peru's recently-passed facility accreditation law by supporting development of communication, implementation, and enforcement strategies at the central and regional levels; (b) disseminating models/tools for collecting and conveying users' feedback regarding satisfaction with care received; (c) coordinating with USAID and other partners to develop approaches for linking insurance reimbursement and quality of care measurement.

A sub-objective of this line of the activity is to assess how well the public health system is complying with its own standards for FP services and equitable, non-discriminatory treatment of all patients. This is an important dimension of quality of care. It will include two sub-components: (a) developing and implementing a plan for annual reporting to the U.S. Congress on adherence of family planning services to Tiahrt Amendment principles (this reporting will continue for the duration of USAID/Peru's family planning graduation program); and (b) identifying (based on existing reports) key human rights concerns in the health care sector and developing policy recommendations for the Peru Health Sector Donor Group.

- (5) **POLICY MAKING & REGULATORY CAPACITY:** The objective of this line of the activity is to expand technocratic and political capacity among government and non-government actors in Peru in order to improve health sector policies, especially as they relate to RH/FP and MCH. This will involve building knowledge and skills in the following areas: understanding the mechanics of law, policy, and regulation in Peru at the central and decentralized levels; using best-available information and analysis; anticipating the impacts of policies, including unintended consequences; understanding multiple stakeholder views and motives; developing communications and advocacy plans; designing regulations for policy implementation and enforcement; developing monitoring and reporting plans to track and assess policy implementation. This capacity-building objective will be carried out via training, technical assistance, and policy dialogue.

The following table is a non-exclusive list of major Peruvian counterpart institutions with whom the Contractor shall collaborate.

**Table 2. Task Order Counterparts**

<b>Activity Line</b>	<b>Principal Counterpart Institutions</b>
1. HUMAN RESOURCES	Central MOH; Regional DIRESAs; Regional and Municipal governments; Universities; Health Professional Associations; Congress.
2. DATA & INFORMATION SYSTEMS	INEI; Central MOH; Regional DIRESAs; Regional and Municipal governments; Universities.
3. PHARMACEUTICAL MANAGEMENT & LOGISTICS	Congress; Central MOH; especially DIGEMID; DIRESAs.
4. SERVICE QUALITY IMPROVEMENT	Central MOH; Regional DIRESAs; Municipal and Regional governments; Universities; Professional Associations; Congress. <i>For Tiahrt and human rights monitoring:</i> Defensoria del Pueblo; MOH; DIRESAs; civil society.
5. POLICY MAKING & REGULATORY CAPACITY	Congress; Central MOH; Regional DIRESAs; Regional and Municipal governments; Political parties; civil society.

The suggested work distribution under this task order (resources and activities) is expected to be divided as follows: 40% central level, 60% regional and sub-regional levels. Offerors are not required to follow this distribution and are encouraged to propose alternatives with clear rationale.

The program budget breakdown is provided below by activity line and it is anticipated at this time that resources will be distributed annually by the suggested percentage points. Offerors are encouraged to propose a different distribution based on research or expertise, and the rationale should be clearly explained in the proposal.

<b>Activity Line</b>	<b>Percent</b>
1. HUMAN RESOURCES	20%
2. DATA & INFORMATION SYSTEMS	25%
3. PHARMACEUTICAL MANAGEMENT & LOGISTICS	25%
4. SERVICE QUALITY IMPROVEMENT	20%
5. POLICY MAKING & REGULATORY CAPACITY	10%
TOTAL	100%



### **Results to be achieved**

The Contractor is expected to attain results in all five lines of action, with impacts on both maternal-child health and reproductive health and family planning.

**Result 1 - HUMAN RESOURCES:** Plans for improving and applying policy and regulation for staffing, training, supervision, and professional practice are adopted and implemented, in the 7 focus regions, with appropriate effort at the central level.

The contractor shall provide assistance to:

- advance enforcement of rigorous standards for clinical and public health practice
- build and sustain accreditation and recertification systems for health professionals
- improve systems for the supervision and management of human resources in the public sector
- promote policy dialogue regarding fundamental sector-wide reforms in human resource management
- institutionalize continuous quality improvement approaches to HR management.

Expected results by the end of Year One include the following:

- System in place for evaluation of competencies of health care providers in Type I (health posts) and Type II (health centers and regional hospitals.)
- National Council of Deans of Professional Associations received TA to design and enforce periodic professional certification nation wide.
- Supervisory policies at the regional level for health care workers reviewed and recommendations prepared.
- Ministry of Education and Ministry of Health assisted to design and implement a strategy and regulations to enforce the National Law for Evaluation for Accreditation and Certification for Superior Education in Health.

**Result 2 - DATA & INFORMATION SYSTEMS:** Plans for improved collection, use, and analysis of information related to RH/FP and MCH are developed, disseminated, and implemented in 7 regions.

The contractor shall provide assistance the MOH to:

- develop a set of recommendations for revamping the Ministry's routine health information systems, especially those producing data related to RH/FP and MCH
- identify and address key needs for training, assistance, and policy modification related to information management at the central and sub-national levels of the public health sector

The contractor shall also:

- collaborate with USAID to plan for increased host country involvement in periodic household surveys on health

- monitor health sector information integrity in the context of decentralization.

Expected results by the end of Year One include the following:

- Information systems in 4 regions assessed, and strategy developed and implemented for improving collection, analysis, and dissemination and use in four regions and all health networks and 50% of micro health networks in those regions, in coordination with regional and local governments.
- Design a strategy in connection with USAID to strengthen country capacity for collecting population-based data on demography and health.
- Dialogue with Ministry of Health initiated and prospects assessed regarding long-term planning for national health information systems.

**Result 3 - PHARMACEUTICAL MANAGEMENT & LOGISTICS:** Peru's policy and regulatory framework governing pharmaceuticals is strengthened and contraceptive supply stock-outs in rural areas are reduced to negligible levels.

The Contractor shall:

- elaborate a 4-year strategy for USAID policy work related to procurement, logistics, information management, and regulation of medications, contraceptives and vaccines.
- coordinate on vaccine-related issues with the Millennium Challenge Corporation Threshold Program (if GOP proposal is approved.)
- promote policy dialogue with legislative actors, the MOH, DIGEMID, and others to advance effective reforms in this arena.

Expected results by the end of Year One include the following:

- A 4-year strategy for USAID policy work related to procurement, logistics, information management, and regulation of medications, contraceptives and vaccines is developed with guidance from the USAID Office of Health Technical Team.
- Systems are in place to upgrade the capacity of workers at all levels of the health care system in the 7 regions to track consumption, project needs, request, purchase, and store medicines, contraceptives, and vaccines.

**Result 4 - SERVICE QUALITY IMPROVEMENT:** A permanent health care facility accreditation system is implemented in the 7 regions.

The Contractor shall provide assistance to:

- develop communication, implementation, and enforcement strategies at the central and regional levels for implementing facility accreditation.
- disseminate tools for collecting and conveying users' feedback regarding satisfaction with care received.
- develop approaches for linking insurance reimbursement and quality of care measurement.

The Contractor shall:

- develop and implement a plan for periodic reporting on compliance with the principles of the Tiahrt legislation regarding voluntariness in FP services
- identify (based on existing reports) key human rights concerns in the health care sector and develop policy recommendations and strategies for USAID and Health Program.

Expected results by the end of Year One include the following:

- Quality standards for general health services, reproductive health, and maternal-child health are disseminated and in use for Type I and Type II facilities in the 7 regions.
- Regional Committees for Health Services Quality Accreditation are functioning in the 7 regions.
- Standards for critical infectious and non-infectious diseases and surgical procedures for Type II and Type III facilities are designed.

**Result 5 - POLICY MAKING & REGULATORY CAPACITY:** Policy-related knowledge and skills are measurably increased among individuals and groups receiving training and assistance.

The Contractor shall provide assistance to:

- build understanding the mechanics of law, policy, and regulation in Peru at the central and decentralized levels, especially as they pertain to the health sector.
- build skills in evidence-based design and analysis of policy and regulation.

Expected results by the end of Year One include the following:

- Teams from the offices of national institutions and health professional associations trained in leadership and policy-making skills to design, plan, implement, and monitor policies based on evidence in critical aspects of their areas of responsibility.
- Teams from 100% of undergraduate health training institutions trained in Human Resources best policies in the health professions.
- Teams from 50% of district municipalities in the 7 regions have been trained in key policies to support decentralized control of health services.

## **5. MEASURING RESULTS: MONITORING AND EVALUATION**

The Contractor shall adhere to regular reporting requirements set by USAID/Washington, and be responsive to intermittent requests for information from USAID/Peru. Illustrative indicators (pertaining specifically to RH/FP and MCH):

- Number of improvement to laws, policies, regulations or guidelines related to improved access to and use of health services drafted with USG support.
- Number of people trained in monitoring and evaluation.
- Number of people trained in strategic information management.

Recognizing the limitation of Agency-wide indicators for effectively monitoring of accomplishments of this particular activity, the contractor shall be responsible for developing and executing a Monitoring and Evaluation (M&E) plan, in consultation with the USAID M&E team. Expected program results with illustrative indicators, mid-term milestones/ benchmarks, end-of-project results partially provided in this document should be further elaborated in the M&E plan. Data sources and collection methodologies should also be noted for each indicator. In addition to being a tool for tracing progress of this activity, the M&E plan aims at better demonstrating its key outputs and outcomes, identifying tools specifically suited for monitoring policy-focused activities, and – potentially – providing models that can serve other countries, as well as contributing to USAID/Peru's reporting in the future.

During the initial program planning period, the contractor shall work closely with USAID/Peru's Health Program to establish final indicators, as well as baseline data and performance targets for each indicator. The final M&E plan shall be submitted to the CTO for approval within 60 days of the award of the Task Order. USAID/Peru and the contractor will conduct periodic performance reviews to monitor the progress of work and the achievement of results as based on the targets specified in the M&E plan. Financial tracking data will be required on a quarterly basis.

The M&E plan will be revised as appropriate on an ongoing basis in collaboration with USAID.

A preliminary outline for an M&E plan reflecting the offeror's technical approach should be submitted as part of the proposal.

## **6. COLLABORATION**

Productive collaboration is required for implementation of this task order and will be a key dimension in the assessment of Contractor performance by the Health Team. The Contractor shall demonstrate an effective collaborative approach with other projects within USAID/Peru's Health Program and with those in other sectors as appropriate, as well as with relevant civil society groups and donor programs.

## **7. PROGRAM MANAGEMENT AND STAFFING**

A. Technical Direction and Coordination: The HPI CTO will be responsible for all day-to-day management, oversight, and technical direction of the contractor and overall HIV/AIDS Prevention, Care and Treatment program. The CTO will provide technical directions during the performance of this Task Order, both in writing and verbally. The contractor shall meet at least biweekly (via conference call or in person) with the CTO or his/her designee to review the status of activities, and shall make periodic, unplanned verbal and written briefings to USAID and U.S. Embassy staff as appropriate.

B. Personnel Requirements. The Contractor shall propose and maintain key technical personnel and other personnel deemed appropriate to implement the major tasks described in Section C. The contractor is required to hire Peruvian staff as key personnel as many Peruvian professionals have extensive knowledge and experience related to this task order and some have played important roles in past and current USAID population and health programs, as well as other institutions contributing to the development of the Peruvian health sector.

USAID reserves the right to adjust the level of key personnel during the performance of this Task Order.

Key Personnel

A. The key personnel whom the Contractor shall furnish for the performance of this contract are:

- Chief of Party and
- Deputy Chief of Party

B. The personnel specified above are considered to be essential to the work being performed hereunder. Prior to replacing any of the specified individuals, the Contractor shall immediately notify both the Contracting Officer and USAID Cognizant Technical Officer reasonably in advance and shall submit written justification (including proposed substitutions) in sufficient detail to permit evaluation of the impact on the program. No replacement of personnel shall be made by the Contractor without the written consent of the Contracting Officer.

If during the life of the contract additional long-term technical staff is required, the contractor may retain such principal staff members upon written approval from both the Contracting Officer and USAID Cognizant Technical Officer, following approval of the justification and satisfactory description of responsibilities by the contractor.

## **8. REPORTING REQUIREMENTS**

A. Annual work plan: The contractor will develop annual work plans in concert with other USAID partners, keyed to each U.S. fiscal year of the contract. The contractor will provide an illustrative annual work plan for the first 12 months of the task order, which will be finalized in consultation with USAID during the first 30 days following the award. For each option year period, an additional 12-month work plan must be prepared and submitted to the USAID/Peru CTO not later than 30 days after USAID/Peru unilaterally exercises the option period and must be accepted before the close of each preceding operating year.

The work plan should include, as a minimum:

1. Proposed accomplishments and expected progress towards achieving task order results and performance measures tied to the M&E plan;
2. Timeline for implementation of the year's proposed activities, including target completion dates;

3. Information on how activities will be implemented;
4. Personnel requirements to achieve expected outcomes;
5. Any equipment or commodities to be procured;
6. Details of collaboration with other major partners;
7. Detailed budget; and,
8. Targets and anticipated results and milestone indicators against which the contractor will be evaluated (jointly established with the CTO.)
9. Priority tasks to implement workplan and achieve expected results in the coming quarter.

B. Quarterly progress reports: The contractor will prepare and submit to the USAID/Peru CTO a quarterly report within 30 days after the end of the contractor's first full quarter and quarterly thereafter, for each authorized year of performance. These reports will be used by USAID/Peru to fulfill electronic reporting requirements to Washington; therefore, they need to conform to certain requirements. The report will report results in relation to the approved workplan. It will include an executive summary. The report should contain, at a minimum:

1. Progress (activities completed, benchmarks achieved, performance standards completed) since the last report by country and program area;
2. Problems encountered and whether they were solved or are still outstanding;
3. Proposed solutions to new or ongoing problems;
4. Success stories (if available);
5. Documentation of best practices that can be taken to scale; and,
6. List of upcoming events with dates.

C. Quarterly financial reports will be submitted to USAID/Peru. They should be disaggregated by country and at sub-element level and contain, at a minimum:

1. Total funds awarded to date by USAID into the task order;
2. Total funds previously reported as expended by contractor by main line items;
3. Total funds expended in the current quarter by the contractor by main line items; and
4. Total unliquidated obligations by main line items.

The Contractor is solely responsible for not exceeding obligated amounts, and is reminded of the required notification to the CO as to the percentage of funds expended against the total obligated and available amount as set for in the Basic IQC, FAR Clause 52.232-22 "Limitation of Funds".

D. Reports by Short-Term Technical Assistance: The Contractor will submit within ten days a report by that consultant (the same time limitation applies for those consultants not living in Peru). The reports will describe progress on the activity conducted and observations made by the expert, identify significant issues, describe follow-on activities and plans for the contractor, and provide names and titles of all assignment-related contacts.

E. Special Assessments and Reports: The contractor will provide an electronic copy and hard copy of each individual study and research conducted under this contract.

F. Final Report. Thirty days prior to the end of this contract, the Contractor will submit a draft Final Report providing a final accounting of its activities, progress made, results obtained, lessons learned and comments and suggestions for the continuation of activities. Fifteen days after submission of the draft, the USAID CTO will provide the contractor with comments. The Final Report will be submitted one week prior to the end of the contract.

**[END OF SECTION I]**

**ATTACHMENT B**

**SECTION II -INSTRUCTIONS TO OFFERORS**

**I. GENERAL INSTRUCTIONS**

**A. Separateness**

Technical Proposals must not make reference to costs or pricing data. If the delivery of hard copies is used instead of delivery by electronic mail, then the technical proposal and the cost proposal must be physically separated from each other in separate envelopes. All envelopes must clearly identify the offeror, the Request for Task Order Proposals number, and whether technical or cost material is contained therein.

**B. Copies**

A separate technical proposal and cost proposal must be submitted. All materials submitted must be in English. An electronic version of both proposals must be delivered in all cases as an attachment to electronic mail. The technical proposal must be in Microsoft Word format while the Cost Proposal must have text in Microsoft Word format and with budgets/spreadsheets in Microsoft Excel format. Hard copy submittals shall include an original plus one copy.

**C. Proposal due date**

Proposals must be received by COB 4:30 p.m., local time in the Regional Contracting Office in Lima on Thursday, August 2, 2007. **Late proposals will not be considered.**

**D. Delivery**

Technical and Cost Proposal should be delivered by mail or by electronic mail as follows:

1. Delivery by Mail  
Mr. Luis A. Rivera  
Contracting Officer  
USAID/Peru  
Av. La Encalada S/N  
Cdra. 17 Monterrico - Surco  
Lima, Peru  
Phone No.: (511) 618-1435  
Re: RFTOP No. 527-P-07-007

Care of Ms. Jeanette Pooley, c/o RCO/Lima, same address, [jpooley@usaid.gov](mailto:jpooley@usaid.gov)



In order to avoid delays from the customs clearance process, proposals sent via courier should not weight more than 5 kg. (10 lbs.). Packages should include printed documents only. CDs, videos, catalogues and magazines should not be included as they will cause the package to be re-routed to customs, and as such will experience unnecessary delays and not be eligible for consideration.

**2. Electronic Delivery**

Technical and Cost Proposal shall be submitted in two separate parts: (a) technical and (b) cost proposal. Technical and cost portions of the proposal should be submitted as an attachment to an electronic mail. The technical proposal must be in Microsoft Word format while the Cost Application must have the text of the budget notes in Microsoft Word format and with budgets/spreadsheets in Microsoft Excel format. Electronic document size should not exceed 15MB and shall be delivered to the following e-mail addresses:

Mr. Luis A. Rivera (Technical and Cost Proposal)  
Internet Address: [lriviera@usaid.gov](mailto:lriviera@usaid.gov)

Mrs. Rosario O. de Saldaña (Technical and Cost Proposal)  
Internet Address: [rsaldana@usaid.gov](mailto:rsaldana@usaid.gov)

**E. Unnecessarily Elaborate Proposals**

Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective proposal in response to this request for proposals are not desired and may be construed as an indication of the applicant's lack of cost consciousness. Elaborate art work, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.

**F. Authority to Obligate the Government**

The Contracting Officer is the only individual who may legally commit the U.S. Government to the expenditure of public funds. No costs chargeable to the proposal may be incurred before receipt of either a task order signed by the Contracting Officer or a specific, written authorization from the Contracting Officer.

**G. Task Order Clauses**

The following clauses or requirements will be incorporated into any task order issues pursuant to this request for proposals, if considered applicable.

***a. Language Requirements***

Long Term consultants, if any, are expected to have speaking and reading abilities in the Spanish language at a minimum at the FSI 4/4 level. Local or third country nationals are expected to have English language speaking and reading abilities at the FSI 3/3 level.

Specific language requirements for the Chief of Party and Deputy Chief of Party are listed below under “Personnel Qualifications”.

**b. Six-Day Work Week**

A six-day work week will be authorized under this task order **only** for short-term technical assistance.

**c. Title to and Care of Property**

All property acquired hereunder shall vest with the Cooperating Country. The Task Order award will specifically identify which ministries and other GOP counterparts will be the ultimate recipient, upon confirmation of non-expandable property (NXP) to be acquired under this award.

**d. Duration**

All proposals should be prepared based on the expectation that the task order will have an ultimate estimated period of performance of 60 months (five years total – one year base period and four one-year option year periods). The offeror shall clearly describe how results will be achieved for each year of the contract.

## **II. INSTRUCTIONS FOR THE PREPARATION OF THE TECHNICAL PROPOSAL**

The general format for the Technical Proposal is:

- **Cover Page** Title, name of organization(s) submitting Proposal, contact person, telephone and fax numbers, address, and e-mail.
- **Technical Proposal Body** (not to exceed 10 pages excluding attachments and resumes) – *THE TECHNICAL PROPOSAL BODY SHALL NOT EXCEED TEN 8.5 x 11 INCH SINGLE SPACED PAGES USING 10, 11 or 12 POINT SIZE IN USAID AUTHORIZED TYPOGRAPHY OF ARIAL, GILL SANS, GARAMOND or TIMES ROMAN FONT TYPE.*

### **1. Technical Proposal Contents**

**a) Technical Proposal:**

- The proposal shall include measurable performance standards and benchmarks against which the program will be evaluated. The proposal should include a description of the team and outline the functions, roles, estimated engagement, and a brief CV. The CVs shall be included in the attachments (and will not be counted against the page limit). A list of any proposed Peruvian partner institutions and their proposed roles shall also be included as an attachment.
- The proposal shall include the Offeror’s technical and management approach to the Scope of Work included herein. The proposal should also demonstrate the Offeror’s

full understanding of the purpose and objectives of contract activities and the constraints that the Offeror shall need to overcome to achieve desired results.

- A proposed time schedule.
- An implementation plan with measurable key performance standards, benchmarks and suggested results indicators, and target dates to each specific benchmark proposed for the entire estimated period of performance
- Describe its strategy, tactics, coverage (geographic and in terms of frequency), and the timing and sequence of activities to be undertaken.

**b) *Technical Approach:***

- Understanding of the technical, institutional, and political issues facing the health sector in Peru and clearly demonstrate how the results of the program will lead to real improvements in the health status for the poor and near-poor population of Peru.
- Creativity, innovativeness and technical soundness of the approach to improving the health sector in Peru and addressing the specific topics identified in the Statement of Work herein.
- Expected impact and magnitude of expected results to be achieved during the first year and each subsequent year of the Task Order.
- Approach and methodology for collaborating with different partners involved.
- Adequate discussion of the treatment, disaggregation of data and other gender related issues

**c) *Personnel Qualifications:***

The requirements for key personnel are broadly described in Section 7 of this SOW. A proposed organizational chart is required as part of the submission package. All staff proposed is required to dedicate 100% of their time to this project.

- Chief of Party (COP) : Senior Manager Public Health Specialist

The COP will be responsible for the overall technical and managerial leadership of the program. The COP will have high level training at a PhD or Master's level in the area of Public Health, Public Policy, or Management. COP will have a minimum of 10 years of relevant experience working in key policy efforts with solid demonstrated experience working with high level officials and experience or work in at least 3 of the 5 areas. Minimum ten years of supervisory experience required. The COP should have experience in agenda setting, coordination, obtaining support for policy design and carrying out policy implementation. COP must be fluent in English (FSI Level 4 minimum) with a demonstrated ability to work with cooperating partners in implementing a complex program in the field. He/she should have considerable autonomy and the authority to commit funds and resources during the implementation of the contract.

- Deputy Chief of Party (DCOP): Senior Analyst, Public Health Specialist

The DCOP will have high level training at a PhD or Master's Level in the area of Public Health, Public Policy, or Management. The DCOP should have extensive recent experience in evaluating, designing and promoting health services and health programs and addressing severe constraints to progress in public health policy implementation. The DCOP will be the lead analyst in field investigation and will be responsible for the bulk of the analysis and preparation of the synthesis reports that will be presented to USAID. The DCOP must have demonstrated professional excellence, excellent writing ability and strong cross-cultural interpersonal skills. The DCOP must be fluent in English (FSI Level 4 minimum).

***d) Other***

USAID requires the maintenance of a country office in Lima. Satellite offices may be proposed in addition, depending on the technical approach and funding strategy of the offeror.

***e) Mobilization Plan***

The offeror shall include a mobilization plan with a detail of the timeframe for implementing the various elements of their technical plan, deadlines for deliverables, and periods of employment for local staff for each year of implementation.

**2. Past Performance Information**

(a) The offeror (including all partners of a joint venture) must provide performance information for itself and each major subcontractor (One whose proposed cost exceeds 20% of the offeror's total proposed cost) in accordance with the following:

1. Briefly summarize in a list format in an annex to the technical proposal up to 10 of the most recent and relevant contracts for efforts similar to the work in the subject proposal. The most relevant indicators of performance are contracts of similar scope and/or complexity. Offeror's need to demonstrate a successful track record in providing services and achieving results under large, multi-sector, high-pressure, integrated development programs and projects. The offeror will begin this section with a detailed description of the key principles and lessons learned under past programs and projects that make the offeror especially well experienced and qualified to work as a contractor under the proposed program. Of special interest to USAID is demonstrated success achieving results under programs with multi-sector, technical challenges and while operating in an ever-changing and a politically difficult environment. The offeror shall describe successful experiences using subcontractors to implement major technical components. Once an offeror's proposal is received, reference checks may be undertaken at any time, at the discretion of USAID.

2. Provide for each of the contracts listed above a list of contact names, job titles, mailing addresses, phone numbers, e-mail addresses, and a description of the performance to include:

- Scope of work or complexity/diversity of tasks,
- Primary location(s) of work,
- Term of performance,
- Skills/expertise required,
- Dollar value, and
- Contract type, i.e., fixed-price, cost reimbursement, etc

(USAID recommends that you alert the contacts that their names have been submitted and that they are authorized to provide performance information concerning the listed contracts if and when USAID requests it).

(b) If extraordinary problems impacted any of the referenced contracts provide a short explanation and the corrective action taken [Required by FAR 15.305(a)(2)].

(c) Describe any quality awards or certifications that indicate exceptional capacity to provide the service or product described in the statement of work. This information is not included in the page limitation.

(d) Performance in Using Small Business (SB) Concerns (as defined in FAR 19.001)

(1) This section (d) is not applicable to offers from small business concerns.

(2) As part of the evaluation of performance of this solicitation, USAID will evaluate the extent you used and promoted the use of small business concerns under current and prior contracts. The evaluation will assess the extent small business concerns participated in these contracts relative to the size/value of the contracts, the complexity and variety of the work small business concerns performed, and compliance with your SB subcontracting plan or other similar small business incentive programs set out in your contract(s).

(3) In order for USAID to fully and fairly evaluate performance in this area, all offerors who are not small business concerns must do the following:

(A) Provide a narrative summary of your organization's use of small business concerns over the past three years. Describe how you actually use small businesses--as subcontractors, as joint venture partners, through other teaming arrangements, etc. Explain the nature of the work small businesses performed--substantive technical professional services, administrative support, logistics support, etc. Describe the extent of your compliance with your SB subcontracting plan(s) or other similar SB incentive programs set out in your contract(s) and explain any mitigating circumstances if goals were not achieved.

(B) To supplement the narrative summary in (A), provide with your summary a copy of the most recent SF 294 "Subcontracting Report for Individual Contracts" for each contract against which you were required to report for the past 3 years.

(C) Provide the names and addresses of three SB concerns for us to contact for their assessment of your performance in using SB concerns. Provide a brief summary of the type of work each SB concern provided to your organization, and the name of a contact person, his/her title, phone number, and e-mail address for each.

### 3. **The Annex:**

The following information shall be provided in the *Annex*.

a) *Curriculum Vitae:*

The offeror shall provide a resume copy for each Key Personnel.. Include at least three work references for each Key Staff.

b) *Past Performance:*

In *the Annex*, the offeror shall provide the information required in section 2 above. This includes the list of the most recent contracts or sub-contracts, task orders or agreements where the offeror believes that it provided services similar to those described in this request for proposals.

**The following information, and only the following information, is authorized to be included in *the Annex*:**

- a. Resumes/CVs.
- b. Past Performance information.
- c. Timelines/Chronograms.

### III. **INSTRUCTIONS FOR PREPARATION OF THE COST PROPOSAL**

The cost proposal shall consist of five general parts: 1. Development Focused Budget; 2. Detailed Budget disaggregated by inputs; 3. Budget Notes; 4. Attachments; and 5. Certifications. Each is discussed in more detail below.

#### **A. Development Focused Budget**

Offerors are required to summarize cost data using development-focused budgeting (DFB) in cost proposals submitted in response to this solicitation. DFB is a customer-based, performance-driven, results-oriented budget system underpinned by outcome management. Outcome management is a management approach that focuses on the development results achieved by providing a service. DFB involves summarizing cost data corresponding to development results/outcomes. Cost data must be summarized into DFB categories. If an input serves multiple development results, the offeror must allocate the input across the corresponding results and provide a rationale in the budget narrative for the method used for each allocated input.

In addition, cost proposals must include all supporting input-based budgeting for the DFB summary and other cost formats that comply with instructions for cost proposals (e.g., breakout of costs at the country versus headquarters level) contained elsewhere in this solicitation.

## B. Detailed Budget

#	CLIN	BASE PERIOD	Option Year 1	Option Year 2	Option Year 3	Option Year 4	Total
001	<u>HUMAN RESOURCES</u>						
002	<u>DATA &amp; INFORMATION SYSTEMS</u>						
003	<u>PHARMACEUTICAL MANAGEMENT &amp; LOGISTICS</u>						
004	<u>SERVICE QUALITY IMPROVEMENT</u>						
005	<u>POLICY MAKING &amp; REGULATORY CAPACITY</u>						
Total							

## C. ITEMIZED BUDGET

**For each CLIN** identified above offerors are required to include an itemized budget for all input costs in support of those CLINs in accordance with Agency policy. A format sample is provided below.

### CLIN 001 –HUMAN RESOURCES

	Year 1	Year 2	Year 3	Year 4	Year 5
Total Direct Labor	\$				
Salary and Wages	\$				
Fringe Benefits	\$				
Consultants	\$				
Travel, Transportation, Per Diem	\$				
Equipment and Supplies	\$				
Allowances	\$				
Other Direct Cost	\$				
Overhead	\$				
G&A	\$				
Material Overhead	\$				
Total Estimated Cost	\$				
Fixed Fee	\$				
Total Est. Cost Plus Fixed Fee	\$				

Additional information for completing the itemized budget:

1. If proposing U.S. staff who shall perform directly under the Task Order, the following information shall be required in the following format:

<u>Name &amp; Functional Labor Category</u>	<u>Number of Work Days</u>	<u>Fixed Burdened Daily Rate</u>	<u>Total</u>
			<b>Total</b> _____

2. For each CCN/TCN individual who shall perform directly under the Task Order, the following information is required in the following format:

*Table 2:*

<u>Name &amp; Proposed Labor Category</u>	<u>Number of Work Days</u>	<u>Proposed Base Daily Rate</u>	<u>Total (a)</u>
			<b>Total (a) x Multiplier = Total</b> _____

3. *Other Direct Costs:* A complete breakdown of costs is required for each Task Order, as requested by the Contracting Officer, such as:
  - a. *Travel, Transportation, and Per Diem:* Estimated travel and transportation costs shall be in accordance with the clause of the Contract entitled "Travel and Transportation" (AIDAR 752.7002). The proposal for each Task Order shall specify, for each traveler, the itinerary (in terms of locations, and, if possible, dates), the estimated air fares, any transportation (i.e., excess baggage) cost [to include the weights, mode of transportation and unit prices], and the subtotal of all travel and transportation costs. Estimated per diem shall not exceed the most recent Department of State Maximum Travel Per Diem Allowances for Foreign Areas and prescribed Maximum Per Diem Rates for CONUS.
  - b. *Short-Term Technical Assistance:* Estimated costs for Short-Term Technical Assistance should be included, and shall reflect the number of days and estimated costs when possible.
  - c. *Non-expendable Property and Commodities:* If the Contractor estimates that apart from the equipment listed in attached Inventory List (Attachment F) will be required, please specify the equipment to be purchased, including the type of equipment, the manufacturer, the unit cost, the number of units to be purchased and the expected geographic source.
  - d. *Miscellaneous Costs:* Miscellaneous costs, to include but not limited to, passports and visas, medical examinations and inoculations, communications, etc., shall be specified in terms of the number of units, the estimated unit cost, and total cost



#### 4. Indirect Cost Information

- a. The Offeror shall include a complete copy of its most current Negotiated Indirect Cost Rate Agreement (NICRA) or other documentation from its cognizant Government Audit Agency, if any, stating the most recent final indirect cost rates. The proposal shall also include the name and address of the Government Audit Agency, and the name and telephone number of the auditor.
- b. The breakdown of all costs associated with the program according to costs of, if applicable, headquarters, regional and/or country offices, fringe benefits, etc.

## 2. Budget Notes

The following guidance is provided for the use of the contractors in developing the required budget notes. It is the contractors should keep in mind that it is their responsibility to ensure that the information provided is sufficient to provide a basis for USAID to determine that the costs proposed are reasonable and realistic:

1. *Salary and Wages* - Direct salaries and wages should be proposed in accordance with the contractor's personnel policies.

2. *Fringe Benefits* - If the contractor has a fringe benefit rate that has been approved by an agency of the Government, such rate should be used and evidence of its approval should be provided. If a fringe benefit rate has not been so approved, the proposal should propose a rate and explain how the rate was determined. If the latter is used, the narrative should include a detailed breakdown comprised of all items of fringe benefits (e.g., unemployment insurance, workers compensation, health and life insurance, retirement, FICA, etc.) and the costs of each, expressed in dollars and as a percentage of salaries.

3. *Travel and Transportation* - The proposal should indicate the number of trips, domestic and international, and the estimated costs per trip. Specify the origin and destination for each proposed trip, duration of travel, and number of individuals traveling. *Per diem* should be based on the offeror's normal travel policies (offerors may choose to refer to the Federal Standardized Travel Regulations for cost estimates).

4. *Equipment* – Specify all equipment to be purchased, including the type of equipment, the manufacturer, the unit cost, the number of units to be purchased and the expected geographic source. Goods and services provided by the Contractor under this USAID-financed award are subject to the 000 Geographic Code (United States). An inventory of current equipment to be transferred is attached to the RFTOP. Offerors are asked to the extent possible, to disaggregate the NXP proposed by result and component in order to more easily associate these investments with the line ministry and other host country partners.

5. *Materials and Supplies* – Specify all materials and supplies expected to be purchased, including type, unit cost and units.

6. *Communications* – Specific information regarding the type of communication cost at issue (*i.e.* mail, telephone, cellular phones, internet *etc.*) must be included in order to allow an assessment of the realism and reasonableness of this types of costs.

7. *Subcontracts/Consultants* – Information sufficient to determine the reasonableness of the cost of each specific subcontract and consultant expected to be hired must be included. Similar information should be provided for all consultants as is provided under the category for personnel.

8. *Allowances* – Allowances should be broken down by specific type and by person. Allowances should be in accordance with the offeror's policies and the applicable regulations and policies.

9. *Direct Facilities Costs* – Specific information regarding the cost of any facilities needed to perform program activities. The information provided should include the unit cost (rent), the time period the facilities are needed and the number of facilities. Only facilities that directly benefit the program activities should be included in this category; all other facility costs should be included in the indirect cost category.

10. *Other Direct Costs* - This includes report preparation costs, passports and visas fees, medical exams and inoculations, insurance (other than insurance included in the offeror's fringe benefits) as well as any other miscellaneous costs which directly benefit the program proposed by the offeror. The narrative should provide a breakdown and support for all other direct costs. If seminars and conferences are included, the offeror should indicate the subject, venue and duration of proposed conferences and seminars, and their relationship to the objectives of the program, along with estimates of costs.

11. *Indirect Costs* - The offeror should support the proposed indirect cost rate with a letter from a cognizant U.S. Government audit agency or with sufficient information for USAID to determine the reasonableness of the rates. (For example, a breakdown of labor bases and overhead pools, the method of determining the rate, a description of all costs in the pools *etc.*).

### **3. Attachments**

a. Biographical Data:

Biographical Data Sheet (AID Form 1420-17). The contractor shall submit a Contractor Employee Biographical Data Sheet (USAID Form 1420-17) to support salary information [for CCN and TCN key personnel only]. The form must be signed by the individual and the contractor (or subcontractor) in the appropriate spaces with all blocks completed, as appropriate;

b. Curriculum Vitae:

A resume or curriculum vitae must be submitted as required.

#### **IV. INSTRUCTIONS FOR THE PREPARATION OF THE BRANDING IMPLEMENTATION PLAN (BIP) and MARKING PLAN**

In accordance with ADS 320.3.2.1, Offerors must prepare a Branding Implementation Plan (BIP) and Marking Plan (MP) to address the Branding Strategy described under Attachment E, Section V of this RFTO, and the matrix affixed thereto. This is to ensure that the successful offeror's Branding Strategy Implementation Plan and Marking Plan under this task order are in compliance with the "USAID Graphics Standard Manual" available at [www.usaid.gov/branding](http://www.usaid.gov/branding) and any successor branding policy, as detailed in ADS Chapter 320.

USAID policy is to require exclusive branding and marking in USAID direct acquisitions. "Exclusive Branding" means that the program is positioned as USAID's, as showcased by the program name (e.g., the USAID Basic Education Program). "Exclusive marking" means contractors may only mark USAID-funded programs, projects, activities, public communications, and commodities with the USAID Standard Graphic Identity and, where applicable, the host-country government or ministry symbol or logo. It is USAID's policy that contractors' and subcontractors' corporate identities or logos may not be used on USAID-funded program and communications materials.

##### **Communications Plan**

A Communications Plan shall be developed by the contractor to describe how the Health Policy Initiatives-Peru (HPI) program will be communicated to beneficiaries and promoted to GOP host-country citizens. It must outline the events and materials the contractor will use to deliver the message that the assistance is from the American people.

In order to be acceptable for award, the contractor's Communications Plan must specifically address the following:

- How to incorporate the message, "This assistance is from the American people," in communications and materials directed to beneficiaries, and an explanation if this is not appropriate or possible.
- How to publicize the program, project or activity in the host-country and a description of the communications tools to be used including press conferences, press releases, site visits, success stories, photographs, etc. and the key milestones anticipated to generate awareness and an explanation if this is not appropriate or possible.

##### **Marking Plan**

The contractor must also include a Marking Plan that details the public communications, commodities, and program materials and other items that visibly bear or will be marked with the USAID Identity. USAID policy is that programs, projects, activities, public communications, or commodities implemented or delivered under contracts and subcontracts exclusively funded by USAID are marked exclusively with the USAID Identity, and, where applicable, with the host-country symbol or ministry logo. Except for the manufacturer's trade mark on a commercial item, the corporate identities or logos of contractors or subcontractors are not permitted on USAID-funded program materials and communications, unless specified in the [USAID Graphic Standards Manual](#) or approved in advance by the CTO. The CTO must obtain clearance from the Senior Advisor for Brand Management before approving the use of the contractor's logo

To ensure that all items are appropriately marked in accordance with this policy, all USAID direct contracts must incorporate a Marking Plan that details the public communications, commodities, and program materials and other items that will bear visibly the USAID Identity.

### **Marking Requirements for Specific Contract Deliverables**

The contractor must list the contract deliverables to be marked with the USAID Identity. These deliverables must follow design guidance for color, type, and layout in the [Graphic Standards Manual](#). Specifically, the contractor must address the following as applicable:

- a.** Commodities or equipment provided under humanitarian assistance, disaster relief or development programs, and all other commodities and equipment funded by USAID contracts, and their export packaging, must prominently display the USAID Identity.
- b.** Program, project, or activity sites financed by USAID contracts, including visible infrastructure projects (roads, bridges, buildings, etc.) or other programs, projects, and activities that are physical in nature (agriculture, forestry, water management, etc.), must prominently display the USAID Identity. Temporary signs must be erected early in the construction or implementation phase. When construction or implementation is complete, a permanent, durable sign, plaque, or other marking must be installed.
- c.** Public communications, letterhead, websites, studies, reports, publications, informational and promotional products such as brochures, audiovisual productions, and public service announcements provided or produced under the USAID contract, whether program or operating expense-funded, must be marked with, or carry, the USAID Identity. Radio spots must include an audio tag, such as, “made possible by USAID: From the American people.”
- d.** Studies, reports, publications, websites, and all informational and promotional products not authored, reviewed, or edited by USAID must contain a provision substantially as follows:

*This study/report/website (specify) is made possible by the generous support of the American People through the United States Agency for International Development (USAID.) The contents of this (specify) are the sole responsibility of <name of organization> and do not necessarily reflect the views of USAID or the United States Government.*

- e.** Training courses, conferences, seminars, briefings, exhibitions, fairs, workshops, press conferences, and other public activities, and invitations, press releases, publicity and media materials associated with these events, that are produced under a USAID direct contract must be marked with the USAID Identity. Unless directly prohibited and as appropriate to the surroundings, contractors must display additional materials such as signs and banners with the USAID Identity.
- f.** USAID reserves the right to request preproduction review of USAID-funded public communications and program materials for compliance with USAID graphic standards and the approved Marking Plan.

**V. TYPE OF CONTRACT**

The Government contemplates award of a Cost-Plus-Fixed Fee completion type Task Order resulting from this solicitation.

**[END OF SECTION II]**

**ATTACHMENT C**

**SECTION III – EVALUATION CRITERIA**

Award will be made to the party whose proposal is most advantageous to the United States Government, cost and technical factors considered. Cost/price will not be scored. The proposed total estimated cost will be carefully evaluated for reasonableness, completeness, credibility and realism. The Government will make a determination of probable cost as provided by the Federal Acquisition Regulation and it reserves the right to adjust the proposed total estimated cost based on its assessment of reasonableness, completeness, credibility and realism. The results of this evaluation shall be carefully considered in determining best value to the Government.

The technical criteria below are presented by major category, in relative order of importance, so that the award will be made to the best value proposal. Best value means the expected outcome of an acquisition that, in the Government's estimation, provides the greatest overall benefit in response to the requirement. All proposals will be evaluated pursuant to the criteria below.

**1. Technical Approach**

**35 points**

- a. Extent to which the proposed approach is clear, logical, well-conceived, and technically sound; is appropriate to the Peru context; reflects understanding and support of USAID/Peru program objectives; exhibits insight and creativity; provides for sustained results beyond the life of the project; and draws from lessons learned nation wide. (25 points)
- b. Extent to which the preliminary outline for a Performance Monitoring and Evaluation Plan is clear, appropriate, and sound in terms of achieving major results and monitoring progress of chosen interventions. (5 points)
- c. The extent to which gender, equity, intercultural dialogue and exclusion issues are identified and addressed. (5 points)

**2. Personnel**

**30 points**

The following key personnel are considered by USAID/Peru, based on experience and performance to date, as essential for the overall management and success of the program:

- Chief of Party
- Deputy Chief of Party

The evaluation of the Key Personnel will be based on the demonstrated skills and experience of the above proposed personnel. Demonstrated access to appropriate technical personnel with experience and expert qualifications in all the programmatic areas outlined in the Statement of Work. The team's collective expert knowledge of: Peru's health sector and the Peruvian context; pending policy issues; Peruvian law and policy

affecting the health sector; and relevant trends in Peru's regions. Thorough familiarity with national and sub-national politics, including: decentralization, key individual and institutional actors (e.g., government agencies, universities, health professions associations, relevant civil society organizations). Subject expertise in all of the components of the SOW. Expertise in the promotion of participatory methodologies in policy development. Demonstrated capacity to implement competently USAID policies and procedures. (30 points)

**3. Institutional Capability/Management Plan**

**15 points**

- a. Institutional Capability: The extent to which the offering organization has the structural and management capacity to organize and implement an activity of this size and complexity.(10 points)
- b. Management Plan. The extent to which the proposal indicates appropriate use of resources to achieve project objectives. The extent to which the proposal clearly describes the role of managers and technical staff and consultants proposed and the procedures for reporting results. Extent to which illustrative timelines for the effective implementation of project components indicated the applicant's ability to reach stated project objectives within the required time period of performance, including a plan for rapid launch of project activities. (5 points)

**4. *Applicant's Past Performance***

**20 points**

(a) Performance information will be used for both the responsibility determination and best value decision. USAID may use performance information obtained from other than the sources identified by the offeror/subcontractor.

USAID will utilize existing databases of contractor performance information and solicit additional information from the references provided and from other sources if and when the Contracting Officer finds the existing databases to be insufficient for evaluating an offeror's performance.

(b) If the performance information contains negative information on which the offeror has not previously been given an opportunity to comment, USAID will provide the offeror an opportunity to comment on it prior to its consideration in the evaluation, and any offeror comment will be considered with the negative performance information.

(c) USAID will initially determine the relevance of similar performance information as a predictor of probable performance under the subject requirement. USAID may give more weight to performance information that is considered more relevant and/or more current.

(d) The contractor performance information determined to be relevant will be evaluated in accordance with the elements below. All elements as listed below are of equal weight for evaluating past performance:

- (1) Quality of product or service, including consistency in meeting goals and targets.

(2) Cost control, including forecasting costs as well as accuracy in financial reporting:

(3) Timeliness of performance, including adherence to contract schedules and other time-sensitive project conditions, and effectiveness of home and field office management to make prompt decisions and ensure efficient completion of tasks.

(4) Managing relevant large-scale projects including activities to improve policies and regulation in human resources, pharmaceutical systems, health services quality, information systems, and building in-country capacity to develop and implement sound policies in the health sector.

(5) Business relations, addressing the history of professional behavior and overall business-like concern for the interests of the customer, including coordination among subcontractors and developing country partners, cooperative attitude in remedying problems, maintenance of clear and effective lines of communication between and among clients, and timely completion of all administrative requirements.

(6) Customer satisfaction with performance, including end user or beneficiary wherever possible.

(7) Effectiveness of key personnel, including appropriateness of personnel for the job and prompt and satisfactory changes in personnel when problems with clients where identified.

(8) Prime offerors who are not small business concerns will be evaluated on their performance in using small business concerns as subcontractors, joint ventures, and in other teaming arrangements:

(e) In cases where 1) an offeror lacks relevant performance history, 2) information on performance is not available, or 3) an offeror is a member of a class of offerors where there is provision not to rate the class against a sub factor, then the offeror will not be evaluated favorably or unfavorably on performance. The "neutral" rating assigned to any offeror lacking relevant performance history is a score commensurate with the percentage of points received vs. possible points. An exception to this neutral rating provision: the non-small businesses prime with no history of subcontracting with small business concerns. Prior to assigning a "neutral" past performance rating, the contracting officer may take into account a broad range of information related to an offeror's performance.

**[END OF SECTION III]**



**ATTACHMENT D**

**SECTION IV - REQUIRED CERTIFICATIONS AND OTHER INFORMATION**

**I CLAUSES** - All FAR, AIDAR and other provisions set forth in the Basic IQC apply shall to this Task Order in full force and are hereby fully incorporated.

(a) Organizational Conflicts of Interest: PRECLUSION FROM IMPLEMENTATION CONTRACT.

This contract calls for the Contractor to furnish important services in support of the design of the Health Policy Initiative-Peru program (the "Project"). In accordance with the principles of FAR Subpart 9.5 and USAID policy, THE CONTRACTOR SHALL BE INELIGIBLE TO FURNISH, AS A PRIME OR SUBCONTRACTOR OR OTHERWISE, THE IMPLEMENTATION SERVICES, OR THE EVALUATION SERVICES, FOR THE PROJECT, unless the USAID/W Competition Advocate shall have granted a prior waiver, based upon the Competition Advocate's determination, per FAR 9.503, that preclusion of the Contractor from the implementation contract would not be in the Government's interest.

**II. REQUIRED CERTIFICATIONS AND OTHER INFORMATION**

The following certifications must be completed, signed, and attached to the offeror's cost proposal.

1. Biographical Data Sheet (AID Form 1420-17). The contractor shall submit a Contractor Employee Biographical Data Sheet (USAID Form 1420-17) to support salary information The form must be signed by the individual and the contractor (or subcontractor) in the appropriate spaces with all blocks completed, as appropriate;
2. A certification that the proposed personnel were not suggested or requested by USAID;
3. Disclosure of Lobbying Activities, if the proposal exceeds \$100,000 in accordance with the contract clause entitled "Limitation in Payments to Influence Certain Federal Transactions" (FAR 52.203-11);
4. Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters (FAR 52.209-5), if the proposal exceeds the Simplified Acquisition Threshold (currently \$100,000);
5. Anti-Kickback Procedures (FAR 52.203-7), if the proposal exceeds the Simplified Acquisition Threshold (currently \$100,000); and
6. USAID/Washington has acquired EEO Clearances for each prime contractor.
7. Certification Regarding Terrorist Financing.

**[END OF SECTION IV]**